

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts	File with: City of Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: Januar	ry 1, 2016 Ending Date: December 31, 2016			
Type of Report: (Check one)	771A U1801			
☐ 8th day preceding preliminary ☐ 8th day preceding election [☐ 30 day after election ☐ year-end report ☐ dissolution			
Lindsay E. Higgins Candidate Full Name (if applicable)	Committee to Elect Lindsay Higgins			
Ward 7 Alderman, Woburn, Massachusetts	Committee Name Robert Murphy			
Office Sought and District	Name of Committee Treasurer			
61 Waverly Road, Woburn, Massachusetts	P.O. Box 262, Woburn, Massachusetts			
Residential Address	Committee Mailing Address			
E-mail: lindsay.e.higgins@gmail.com	E-mail: electlindsayhiggins@gmail.com			
Phone # (optional): 781-704-7914	Phone # (optional):			
SUMMARY BALANCE	E INFORMATION:			
Line 1: Ending Balance from previous report	1,090.80			
Line 2: Total receipts this period (page 3, line 11)	300.00			
Line 3: Subtotal (line 1 plus line 2)	1390.80			
Line 4: Total expenditures this period (page 5, line 14)				
Line 5: Ending Balance (line 3 minus line 4)	464.80			
Line 6: Total in-kind contributions this period (page	0.00			
Line 7: Total (all) outstanding liabilities (page 7)	0.00			
Line 8: Name of bank(s) used: TD Bank				
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cortinance activity of all persons acting under the authority or on behalf of this committee in acting under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign cordance with the requirements of M.G.L. c. 55.			
/ 1000				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	only)			
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	dance with the requirements of M.G.L. c. 55. I have not received any contributions.			
Candidate without Committee <u>OR</u> Candidate with independent activity filing sepand I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	st of my knowledge and belief, a true and complete statement of all campaign			
igned under the penalties of perjury:	(Candidate's signature)			

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	T	Occupation & Employer	
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)	
Nov 21, 2016	Elizabeth K. Higgins 35 Eaton Avenue, Woburn, MA 01801	100.00		
Nov 21, 2016	Grace Higgins 29-2 Arlington Road #4, Woburn, MA 01801	100.00		
Nov 21, 2016	Patrick & Maria Malloy 3 Russell CT, Woburn, MA 01801	100.00		
Line 9: Total Receipts over \$50 (or listed above)		300		
ine 10: Total Receipts \$50 and under* (not listed above)				
ine 11: TOTAL RECEIPTS IN THE PERIOD		300	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
None			
ine 9: Total Receipt	s over \$50 (or listed above)		
ine 10: Total Receip	ts \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
April 27, 2016	IPods for Wounded Veterans	4 Heather Drive, Wilmington, MA 01801	Donation- Woburn Hockey Tournament	100.00		
Sept 19, 2016	St. Barbara's Parish	138 Cambridge Road, Woburn, MA 01801	Ad	160.00		
May 2, 2016	USPS	2 Abbott Court, Woburn, MA 01801	P.O. Box Rental	160.00		
May 26, 2016	Woburn Daily Times Chronicle	1 Arrow Drive, Woburn, MA 01801	Newspaper Ad - Memorial Day	50.00		
une 1, 2016	Woburn Daily Times Chronicle	1 Arrow Drive, Woburn, MA 01801	Newspaper Ad - Graduation	45.00		
Dec 27, 2016	Woburn Daily Times Chronicle	1 Arrow Drive, Woburn, MA 01801	Newspaper Ad - Veteran's Day	50.00		
Oct 31, 2016	Woburn Host Lions Club	P.O. Box 81, Woburn, MA 01801	Donation - Halloween Parade	250.00		
une 20, 2016	Woburn Kiwanis	P.O. Box 521, Woburn, MA 01801	Flag Day Ad	100.00		
		Line 12: Total Expenditures ove	er \$50 (or listed above)	915.00		
		Line 13: Total Expenditures \$50	and under* (not listed above)	11.00		
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	926.00		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
None				
	, x			
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	THE STATE OF THE S

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
None				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
None				
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	